

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE 2		OTHER THAN OR SMALL ENTITY		
FOR			R FILED	NUMBER		RATE	FEE		RATE	FEE
BASIC FEE		ar.	\$ *** 		~	ji.	395.00	OR	N. C.	790.00
TOTA	AL CLAIMS		g minus	20 = *		x\$11=		OR	x\$22=	
INDE	PENDENT CLA	AIMS /	/ minu	s 3 = *		x41=		OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	395	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 8	Minus	** 20	=	x\$11=		OR	x\$22=	
	Independent	* (Minus	*** 3	=	x41=		OR	x82=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+270=	
	(Column 1) (Column 2) (Column 3)						TOTAL OR TOTAL ADDIT. FEE			-
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 4090-126 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE BASIC FEE **\$**395 OR (37 CFR 1.16(a)) TOTAL CLAIMS 8 0 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 minus 3 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 395 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE AMENDIMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR إيا ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-AMENDMENTB REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR *** Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) *** **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) Minus = x S = OR Independent *** Minus = (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE •• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.